

CERTIFIED MAIL
Return Receipt Requested

May 27, 1982

Mr. Cecil Robert
Plant Manager
McQuay Norris Inc.
2320 Marconi Avenue
St. Louis, Missouri 63110

EPA I.D. NO. MOT300010345

Dear Mr. Robert:

You previously submitted a Resource Conservation and Recovery Act (RCRA) Part A permit application, which indicates you own or operate a hazardous waste management facility which is currently operating under interim status in the State of Missouri. I am writing you to make you aware of two recent amendments to the RCRA regulations. On April 7, 1982, the Environmental Protection Agency (EPA) published interim final rules in the Federal Register requiring owners and operators of hazardous waste management facilities to demonstrate financial responsibility for the costs of closure and post-closure care. EPA published third party liability coverage requirements for owners or operators of hazardous waste management facilities in the April 16, 1982, Federal Register.

Closure and Post Closure Assurance

As an owner or operator of a hazardous waste treatment, storage, or disposal (TSD) facility, you are required to submit information that demonstrates that you are financially capable of bearing the costs of closing your facility. In addition, if you own or operate a disposal facility, you also must submit information that demonstrates that you are capable of covering the costs of post-closure care of your facility.

The appropriate documentation, as specified in the enclosed regulations, must be submitted to this EPA Regional Office by July 6, 1982. You must submit one or a combination of the following documents, with wording of the documents identical to the wording specified in the regulations:

- o a trust agreement;
- o a surety bond;
- o a letter of credit, including a standby trust agreement;
- o a certificate of insurance;



R00025222
RCRA Records Center

- o a letter from your firm's chief financial officer, an auditor's report, and a report of examination from an independent certified public accountant; or
- o a corporate guarantee.

Liability Coverage

As an owner or operator of a hazardous waste treatment, storage, or disposal facility, you must demonstrate that you have liability coverage for sudden accidental occurrences at your facility. You may use either an insurance policy or a financial test to demonstrate third party liability coverage. You must submit to this office by July 15, 1982, the appropriate documentation for liability coverage for sudden accidents, as specified in the enclosed regulations.

In addition, if you own or operate a landfill, surface impoundment, or land treatment facility, you must also demonstrate that you have liability insurance for nonsudden accidental occurrences at your facility. You must submit the appropriate documentation for liability coverage for nonsudden accidents, as specified in the enclosed regulations, according to the following phase-in schedule: if you have annual sales or revenues of \$10 million or more, by January 16, 1983; if you have sales or revenues between \$5 and \$10 million, by January 16, 1984; or if your annual sales or revenues are less than \$5 million, by January 16, 1985. If you fall into one of the last two groups, you must submit notification of when you will have liability coverage for nonsudden accidents by January 16, 1983. You must submit one or a combination of the following documents, with wording of the documents identical to the wording specified in the regulations:

- o a certificate of insurance;
- o a liability endorsement; or
- o a letter from your firm's chief financial officer, an auditor's report, and a report of examination from an independent certified public accountant.

State and Federal facilities are exempt from these requirements, as are those facilities which store hazardous waste for less than 90 days.

As a matter of policy, each state will be implementing its own financial requirements, and we would suggest that your facility contact Joe Jansen, Missouri Department of Natural Resources (MDNR) for the particular state financial requirements.

If your operation status has changed since your Part A was initially submitted and you believe that your facility is not a "TSD" facility to be regulated under the RCRA regulations, and should be exempted from the existing interim status standards, please contact our office.

I suggest that you review the enclosed copies of the revised interim final regulations. Failure to comply with these requirements subjects you to possible enforcement action. If you have any questions, please contact Midge Given, Permits Section at (816) 374-6531 for assistance.

Sincerely yours,

David A. Wagoner
Director, Air and Waste Management Division

Enclosures

No 0321611

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)

SENT TO
Robert G. Cecil, Plant Manager
STREET AND NO.
2320 Marconi Ave.
P.O., STATE AND ZIP CODE
St. Louis, MO 63117

POSTAGE \$

CERTIFIED FEE \$

SPECIAL DELIVERY \$

RESTRICTED DELIVERY \$

OPTIONAL SERVICES

RETURN RECEIPT SERVICE

SHOW TO WHOM AND DATE DELIVERED \$

SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY \$

SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY \$

SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY \$

TOTAL POSTAGE AND FEES \$

POSTMARK OR DATE

PS Form 3800, Apr. 1976

PS Form 3811, Dec. 1980

● **SENDER** Complete items 1, 2, 3, and 4.
Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).

- ☒ Show to whom and date delivered \$
- ☐ Show to whom, date, and address of delivery.. \$

2. ☐ **RESTRICTED DELIVERY** \$

(The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$

3. ARTICLE ADDRESSED TO:

Robert G. Cecil, Plant Manager
McQuay Norris Inc.
2320 Marconi Ave.
St. Louis, MO 63110

4. TYPE OF SERVICE:

- ☐ REGISTERED ☐ INSURED
- ☒ CERTIFIED ☐ COD
- ☐ EXPRESS MAIL

ARTICLE NUMBER

0321611

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE ☐ Addressee ☐ Authorized agent

R. G. Cecil 6-1-82

5. DATE OF DELIVERY

JUN 1 1982

POSTMARK

6. ADDRESSEE'S ADDRESS (Only if requested)



7. UNABLE TO DELIVER BECAUSE:

EMPLOYEE'S INITIALS

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

1. If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, **leaving the receipt attached**, and present the article at a post office service window or hand it to your rural carrier. (no extra charge).
2. If you do not want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified-mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in Item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

☆ GPO 1978 -256-915

UNITED STATES POSTAL SERVICE / OFFICIAL BUSINESS	 PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, \$300	Waste Management Branch EPA REGION 7 OFFICE 324 EAST 11th STREET KANSAS CITY, MISSOURI 64106 ATTN: Permits Section
<div style="border: 1px solid black; padding: 5px;"> SENDER INSTRUCTIONS Print your name, address, and ZIP Code in the space below. • Complete Items 1, 2, 3, and 4 on the reverse. • Attach to front of article if space permits, otherwise affix to back of article. • Endorse article "Return Receipt Requested" adjacent to number. </div>		RETURN TO
		(Name of Sender) Rm 1510
		(Street or P.O. Box)
		(City, State, and ZIP Code)